

BEST AVAILABLE COPY

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|---|---|------------------------|---|------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | Application or Docket Number 199894US - 8 | |
| CLAIMS AS FILED - PART I | | | | | | |
| (Column 1) | | (Column 2) | | | | |
| TOTAL CLAIMS FOR | | 62 NUMBER FILED | | | | |
| TOTAL CHARGEABLE CLAIMS | | 62 minus 20 = 42 | | | | |
| INDEPENDENT CLAIMS | | 7 minus 3 = 4 | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | |
| | Total Independent | | 62 2 | | Minus Minus | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |
| SMALL ENTITY TYPE <input type="checkbox"/> | | | | | OTHER THAN SMALL ENTITY | |
| RATE | | FEE | | RATE | | |
| BASIC FEE | | 355.00 | | BASIC FEE | | |
| X\$ 9= | | | | 710.00 | | |
| X40= | | | | X\$18= 114 | | |
| +135= | | | | X80= 320 | | |
| TOTAL | | | | | OR TOTAL | |
| AMENDMENT B | | | | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | |
| | Total Independent | | 62 2 | | Minus Minus | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |
| SMALL ENTITY TYPE <input type="checkbox"/> | | | | | OTHER THAN SMALL ENTITY | |
| RATE | | ADDI- TIONAL FEE | | RATE | | |
| X\$ 9= | | | | X\$18= | | |
| X40= | | | | X80= | | |
| +135= | | | | +270= | | |
| TOTAL ADDITIONAL FEE | | | | | OR TOTAL ADDITIONAL FEE | |
| AMENDMENT C | | | | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | |
| | Total Independent | | 62 2 | | Minus Minus | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |
| SMALL ENTITY TYPE <input type="checkbox"/> | | | | | OTHER THAN SMALL ENTITY | |
| RATE | | ADDI- TIONAL FEE | | RATE | | |
| X\$ 9= | | | | X\$18= | | |
| X40= | | | | X80= | | |
| +135= | | | | +270= | | |
| TOTAL ADDITIONAL FEE | | | | | OR TOTAL ADDITIONAL FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | |